

U.S. DEPARTMENT OF ENERGY
2006 Southwestern Pennsylvania Regional Science Bowl
Coach's Confidential Medical Information and Emergency Notification Form

Name: _____ Birth Date: _____ Sex: (Check) M F
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ SSN: _____
Physician/HMO Name: _____ Phone: _____
Date of Last Tetanus Shot: _____
Drug Allergies: (Check) None List Below

Medical Conditions or Previous Surgery: (Check) None List Below

Regular Medications: (Check) None List Below

Special Dietary Requirements (include food allergies): (Check) None List Below

Special Physical and/or Transportation Needs: (Check) None List Below

Vegetarian: (Check) Yes No

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact (Required): _____ Phone: _____
Relationship to Coach: _____
Medical/Hospital Insurance Carrier: _____ Policy # _____

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Coach Signature

Date

MUST SIGN IN BLUE INK
NO FAX COPIES